



**Student Name:** \_\_\_\_\_

\_\_\_ Dublin Preschool at Shannon      \_\_\_ 3 Yr Old      \_\_\_ MWF      \_\_\_ AM  
\_\_\_ Dublin Preschool at Dublin Elementary    \_\_\_ 4 Yr Old      \_\_\_ TTh      \_\_\_ PM

MTWTH

- ☐ **Emergency Information Form Completed/Signed**  
Please put NONE on this form if your child has no allergies.
- ☐ **Allergy Action Plan** (Must be signed by doctor; required if student has any allergy) **Any medication needed to treat student as described on Emergency form / Allergy Action Plan** (required if noted on Emergency Form / Allergy Action Plan)
- ☐ **All medications prescribed and over the counter must have an RX label from the pediatrician** clearly stating the student's name, dosage, expiration date and clear instruction to administer to student (required if noted on Emergency Form / Allergy Action Plan)
- ☐ **Copy of Birth Certificate or Passport**
- ☐ **Copy of Current Immunization Record**
- ☐ **Proof of Residency** (must be a current driver's license, utility bill or mortgage statement ONLY)
- ☐ **Parent Handbook Acknowledgement Slip**
- ☐ **Materials Usage Acknowledgement & Walking Excursion Permission Slip**

- Live Scan application and volunteer application completed/signed and ready to be submitted to the C.O.D. Police Dept. when fingerprinted- Must be completed prior to first volunteer date.
- Name of Parents/Guardians Volunteering in the classroom \_\_\_\_\_